

Case Number:	CM14-0140816		
Date Assigned:	09/10/2014	Date of Injury:	05/24/2013
Decision Date:	10/16/2014	UR Denial Date:	08/21/2014
Priority:	Standard	Application Received:	09/01/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in Nevada. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The records presented for review indicate that this 59-year-old female was reportedly injured on May 24, 2013. The mechanism of injury is noted as a trip and fall over a mat. The most recent progress note, dated August 11, 2014, indicates that there are ongoing complaints of right knee pain. The physical examination demonstrated a right knee effusion and crepitus with range of motion. Range of motion was measured at 0 to 130. Diagnostic imaging studies were not available. Previous treatment includes a right knee arthroscopy, physical therapy, Supartz injections, and oral medications. A request had been made for Supartz injections for the right knee and was not certified in the pre-authorization process.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Supartz injections to the right knee Qty 3: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation (ODG) Official Disability Guidelines

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee and Leg, Hyaluronic Acid Injections, October 7, 2014.

Decision rationale: A review of the attach medical record indicates that the injured employee had minimal relief with prior Supartz injections. Additionally, according to the Official Disability Guidelines, these injections are only indicated for individuals with severe osteoarthritis. There are no supplied radiographs or arthroscopy results indicate the extent of the injured employees osteoarthritis. For these reasons, this request for three Supartz injections for the right knee is not medically necessary.